

## **MAJOR MEDICAID PROGRAM CHANGES FY 1989 TO PRESENT**

*Note: DSS (Nebraska Department of Social Services) merged into the Nebraska Health and Human Services System in January 1997*

1. Added Medicaid coverage for Pregnant Woman and Infants with income below 100% of Office of Management and Budget poverty guidelines. Required by LB 229. Effective 7/1/88.
2. Presumptive Eligibility coverage for pregnant women meeting certain guidelines until eligibility for Medicaid is determined. Required by LB 229. Effective 7/1/88.
3. Medically needy level increased to \$392 due to increase in ADC standard per LB 518 effective 7/1/88.
4. Nebraska added a Spousal Impoverishment provision, which increased income and resource guidelines for nursing home clients who have a spouse at home. Required by LB 419. Effective 7/1/88.
5. Expanded coverage of Aged, Blind and Disabled to 85% of OMB poverty. Required by the Medicare Catastrophic Coverage Act of 1988 (P.L. 100-360). Effective 1/1/89. (An additional 5% each January 1 up to 100%).
6. Federal expansion of eligibility for pregnant women and children through age 5, up to 133% of federal poverty level effective 4/1/90.
7. Federal Transitional Medical for ADC families who lose cash eligibility due to employment. This was previously state-funded and now federal participation is available (Family Support Act of 1988, effective 4/1/90).
8. Began coverage of children up to age 19 born after September 30, 1983, using 100% of poverty. OBRA 90, effective 7/1/91.
9. Elimination of Medical coverage for Medically Needy Caretaker relatives. Effective 3/1/93. As a result of Nebraska district court decision in December 1994, medical coverage for this population was reinstated back to the effective date of the elimination.
10. Began coverage of children under age 1 and pregnant women with a family income at or below 150% of poverty, effective 7/1/95.
11. As a result of Welfare Reform, allowable assets for ADC cash assistance increased from \$1,000 to \$4,000 for a family size of 1 and to \$6,000 for a family of 2 or more, effective 7/1/97.
12. The 20% earned income disregard replaced the \$90, and \$30 and 1/3 time limited disregard for ADC grant cases, ADC Medically Needy and Children's Poverty programs. \$50 disregard of Child Support was dropped from the income test. Both changes in disregard were effective 10/1/97 as part of Welfare Reform.
13. Federal Welfare Reform limited groups of immigrants who could be covered under the Federal Medicaid Program. As a result, Nebraska no longer covers non-citizens (PRUCOL), but covers legal permanent residents who haven't been in the United States for 5 years with state funds, effective 10/1/97.

14. School age Medical (SAM) are eligible up to 100% of FPL through age 18. This was effective 5/1/98 with the federal approval of the Phase I State Plan for the Children's Health Insurance Program of the Balance Budget Act of 1997.
15. Children's Health provisions of the Balanced Budget Act of 1997 were further expanded, effective 9/1/98, with federal approval of the Phase II State Plan (LB 1063). Under this expansion, the income limit for children 18 and younger was increased to 185% of FPL.
16. Other LB 1063 provisions outside of Title XIX were implemented, effective 9/1/98.
17. 12 months of continuous eligibility for children 18 and younger who are determined eligible for Medicaid;
18. Income limit for pregnant women was increased to 185% of FPL;
19. Nebraska implemented the presumptive eligibility provision for all children up to their 19th birthday. This allowed qualified providers to grant Medicaid eligibility that ensures children receive prompt medical treatment.
20. LB 8 changed the treatment of income for eligibility of most Medicaid cases with children. Cases may no longer "stack" together eligibility standards for selected persons in a family. The family must now be budgeted as a single unit against a standard.